

ANNUAL NONPUBLIC SCHOOL NURSING REPORT FORM

For Services Provided During the School Year _____

Nonpublic School Name _____

A. Required Services:

Number of Students Served and Number of Referrals to Outside Medical Service Providers

1. Assisting with Medical Examinations Including Dental Screenings
Served _____ Referrals _____
2. Audiometric Screening
Served _____ Referrals _____
3. Maintenance of Student Health Records
Served _____ Referrals _____
4. Immunization Record Review
Served _____ Referrals _____
5. Scoliosis Examinations
Served _____ Referrals _____
6. Emergency Care
Served _____ Referrals _____

B. Additional Medical Services (Please provide a brief description. You may attach an additional sheet, if necessary.)

1. _____
Served _____ Referrals _____
2. _____
Served _____ Referrals _____

C. Nonconsumable equipment purchases greater than \$500 (e.g. typanometer, gurney). Please provide a brief description.

_____ -

D. The above is an accurate representation of services delivered.

Nonpublic School Nurse _____ / _____ / _____ Date _____ Nonpublic School Administrator

Annual Conference: The required annual conference to plan for services for the current school year was held between the local school district and the nonpublic school on ____/____/____.

Nonpublic School Administrator _____ / _____ / _____ Date _____ Chief School Administrator, Public School District